

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/526072

FILING DATE

APPLICANT(S)

6-23-05

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		2		1		
6		①		1		
7	1		1			
8		1		1		
9		2		1		
10		①		1		
11		①	1			
12		①	1			
13		①	1			
14		1		1		
15		1		1		
16		①		13		
17		1		13		
18		①		1		
19		1		1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
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49						
50						
TOTAL IND.	3	↓	6	↓		↓
TOTAL DEP.	18	←	75	←		←
TOTAL CLAIMS	21		81			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						